DOCUMENT RESUME

ED 216 237 CE 032 717

AUTHOR	Gutterman, June K.; And Others
TITLE	Developing a Referral-Based Local Level Linkage System: A Facilitator's Guide.
INSTITUTION	Central Ohio Special Education Regional Resource Center, Columbus. Ohio Resource Center for Low Incidence and Severely Handicapped.
SPONS AGENCY	Franklin County Board of Education, Columbus, Ohio.; Ohio State Dept. of Education, Columbus.; Ohio State Rehabilitation Services Commission, Columbus.
PUB DATE	28 Sep 81
NOTE	62p.; For related documents see CE 032 716-719.
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	*Agency Cooperation; Coordination; Educational Cooperation; Prevocational Education; *Program Development; *Referral; School Districts; Secondary Education; *Severe Disabilities; Vocational Education; *Vocational Rehabilitation
IDENTIFIERS	*Linkage; Ohio (Franklin County); *Project Interact

ABSTRACT

This facilitator's guide is one of three documents recommended for use in the development of a local level linkage system for the referral of severely handicapped students from education to rehabilitation. Introductory materials include a discussion of right versus entitlement and overview of the facilitator's role. The first section provides a checklist of the facilitator's activities for developing a referral-based local level linkage system and a timeline of linkage development activities. The second section contains an example of the development process used in Project INTERACT's Model Linkage System for the Referral of Severely Handicapped Students from Education to Rehabilitation. A completed copy of the checklist (provided in the previous section) is given. Other contents include sample agency interview questions; charts depicting the primary interagency communication network; model linkage system flow charts reflecting the educational continuum existing in Franklin County, Ohio, and points of contact established to create a linkage system; and model procedures for the referral of severely handicapped students from education to rehabilitation. These procedures address eligibility criteria for student referral, considerations for referral, referral information packet, questions related to rehabilitation plan development, referral and consultation process, and referral timeline. (YLB)

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DEVELOPING A REFERRAL-BASED LOCAL LEVEL LINKAGE SYSTEM: A FACILITATOR'S GUIDE

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Project INTERACT was a joint effort between the Ohio Rehabilitation Services Commission (ORSC) and the Ohio Department of Education (ODE). The project was funded by a grant from ORSC from September 29, 1980 through September 28, 1981. It was designed to address the pre-vocational and vocational needs of low incidence and severely handicapped students in Ohio by developing model mechanisms and resources which would facilitate appropriate and timely referrals to ORSC, improve student potentials for employment, and expand and integrate the scope of services coordinated between ORSC and ODE. The site for developing and implementing the model referral-based local level linkage system was the Franklin County/Columbus, Ohio area.

Project INTERACT's activities are being continued through the Ohio Resource Center for Low Incidence and Severely Handicapped and the Identification and Program Development Project of the Central Ohio Special Education Regional Resource Center.

FUNDED BY A GRANT FROM THE OHIO REHABILITATION SERVICES COMMISSION
FISCAL AGENT: THE FRANKLIN COUNTY BOARD OF EDUCATION

470 Glenmont Avenue
Columbus, Ohio 43214
614/262-6131
614/262-4545
September 28, 1981

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ACKNOWLEDGEMENTS

We would like to gratefully acknowledge the following persons for their invaluable contributions of time, knowledge, and moral support without which this project would not have been possible.

Ms. Hilda Bess, Columbus City Schools

Ms. Cheryl Phipps, Franklin County Board of Mental Retardation/Developmental Disabilities

Mr. Frank Caron, Columbus City Schools

Ms. Ginger Howard, Bureau of Vocational Rehabilitation

Mr. Michael Ream, Bureau of Services for the Visually Impaired

Ms. Lee Fessler, Ohio Rehabilitation Services Commission

Mr. James Hite, Ohio Rehabilitation Services Commission

Mr. James Schimmoller, Ohio Department of Education/ Division of Special Education

Mr. Lawrence Dennis, Ohio Department of Education/Divisions of Special Education/Vocational Education

Ms. Phyllis Magliocca, Ohio Department of Education/ Division of Special Education

We would like to thank the staff of the Columbus City Schools Special Education Department, Columbus Area Bureau of Vocational Rehabilitation/Bureau of Services for the Visually Impaired, Franklin County Board of Mental Retardation/Developmental Disabilities, the Ohio Resource Center for Low Incidence and Severely Handicapped, and the Central Ohio Special Education Regional Resource Center for their participation and willingness to improve the quality of services and programs available to severely handicapped students in Ohio.

June K. Gutterman
Julie Todd
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INTRODUCTION

This facilitator's guide is one of three documents* recommended for use in the development of a local level linkage system for the referral of severely handicapped students from Education to Rehabilitation. This guide provides:

- A checklist of activities for developing a referral-based local level linkage system,
- A timeline of activities that should be followed by the facilitator, and
- An example of the development process used in Project INTERACT's Model Linkage System for the Referral of Severely Handicapped Students from Education to Rehabilitation.

*Project INTERACT Documents:

Developing a Referral-Based Local Level Linkage System: A Facilitator's Guide

Resource Guide for the Referral of Severely Handicapped Students from Education to Rehabilitation

The Transition of Severely Handicapped Adolescents from Education to Rehabilitation: A Needs Assessment Process and Conference Report

PREFACE

This guide has been designed to address the issue of timely and appropriate referrals of Ohio's severely disabled students from Education to Rehabilitation. The model presented suggests that this can be accomplished through the development of referral-based interagency linkage system which leads to the maximum utilization of resources in the Education and Rehabilitation systems.

For the purposes of this guide, the term severely handicapped students includes those students with one or more of the following: severe visual handicap, severe hearing handicap, deaf-blindness, autism, severe orthopedic handicap, severe behavioral handicap, and/or moderate, severe or profound retardation. Functionally, however, students with severe disability are those who exhibit severe communication, behavioral, developmental and educational problems.

The severely handicapped are such a divergent group that no single system possesses the total resources (personnel, expertise and finances) to meet their complex needs. Since most severely handicapped students have multiple problems which may require the services of more than one agency/system, it seems logical that services would be delivered more efficiently and effectively if they were jointly coordinated and/or cooperatively planned. It is suggested that this could be accomplished through developing a linkage system that provided mechanisms which resulted in the integration and utilization of resources available through Education (special, regular or vocational) and Rehabilitation (the state rehabilitation agency or community-based facilities).

Project INTERACT was an interagency effort designed to strengthen and facilitate programmatic cooperation between the Ohio Rehabilitation Services Commission (RSC) and the Ohio Department of Education (ODE), Division of Special Education (DSE). Statewide, consumer concerns were raised with regard to the need for improved and expanded Rehabilitation/Educational programs which address the pre-vocational preparation of severely disabled students. Pre-vocational training for this population includes the development of the pre-requisite skills needed to function within the adult world of work. These include communication skills, activities of daily living, mobility, functional academics, social/behavioral and work skills and behaviors.

A committee consisting of representatives of RSC, ODE and the Special Education Regional Resource Center (SERRC) network met to design Project INTERACT. The SERRC network, funded by ODE, works with local education agencies (LEA) regionally across the state to improve the quality of education of disabled students throughout Ohio. INTERACT was developed in response to following concerns:

There was a significant need to develop inter-departmental mechanisms and services to refine and implement Ohio's joint memorandum of collaboration between Education and Vocational Rehabilitation Agencies. There was a need to develop a central base of information and an inter-departmental liaison system through which such program refinement could be carried out.

The primary consumers, the students themselves, their parents, educators and RSC counselors identified several areas of need:

- Severely disabled students often experience service discontinuity as they move from the public education sector into the vocational rehabilitation system.
- Due to the lack of coordinated individualized planning, LEA pre-vocational/vocational training programs are not presently geared to effectively interface with community-based rehabilitation service systems, particularly severely disabled adolescents and young adults.
- RSC and LEA personnel need more formalized technical assistance, information and consultation as applicable to integrating and interfacing services between Special Education and Vocational Rehabilitation programming.

Project INTERACT was funded by a grant from RSC from September 29, 1980 through September 28, 1981. It was designed to address the pre-vocational and vocational needs of low incidence and severely disabled students in Ohio by developing model mechanisms and resources which would facilitate appropriate and timely referrals to RSC, improve client potentials for employment and expand and integrate the scope of services coordinated between RSC and ODE. The site for developing and implementing the model referral-based local level linkage system was the Franklin County/ Columbus, Ohio area.

An Advisory Committee was formed in order to provide project staff with initial guidelines for accomplishing the goals of the project and with on-going consultation relating to the project's activities. Membership of the committee included representatives of the state agencies participating in Ohio's Joint Memorandum of Collaboration between Education and Vocational Rehabilitation Agencies, parents and representatives of local education and community-based rehabilitaton agencies.

EDUCATION AND REHABILITATION: Right vs. Entitlement

The creation of an effective local level linkage system for the referral of severely handicapped students from Education to Rehabilitation must begin with an understanding of the intent of the services provided by the systems involved. Central to this understanding is the issue of "Right vs. Entitlement", or "All vs. Eligible". This issue is critical in that it effects who can be served, the type of service that can be provided, and the role which can be performed by the staff of each agency.

Education/Right

The right to an education was mandated with the passage of P.L. 94-142, Education For All Handicapped Children Act. This law guarantees that <u>every</u> handicapped child has the right to a free appropriate public education provided in the least restrictive environment. The law insures that no child will be denied an education on the basis of a handicap.

Rehabilitation/Entitlement

The federal law which governs the state rehabilitation agency defines rehabilitation as an entitlement program. The law insures that vocational rehabilitation services be restricted to <u>eligible</u> individuals with physical and/or mental disabilities, which for the individual constitutes or results in a substantial handicap to employment. In addition, the law stipulates that there must be a reasonable expectation that the services, which must be related to a vocational goal, benefit the individual in terms of employability.

The issue of "Right vs. Entitlement" is, therefore, important to consider when establishing procedures which will insure that eligible students be identified and referred to the state rehabilitation agency (Rehabilitation Services Commission) in a timely and appropriate manner.

FACILITATOR ROLE

In a local level linkage system designed to address the referral of severely handicapped students from Education to Rehabilitation, the role of the facilitator is critical to the successful development, implementation, and monitoring of the system. This role can be filled by a representative from any agency within the local Education or Rehabilitation system (e.g., the Local Education Agency, Special Education Regional Resource Center, Bureau of Vocational Rehabilitation, Bureau of Services for the Visually Impaired).

The facilitator must have a commitment to and the time needed for the development, implementation, and monitoring of a linkage system.

It is recommended that the facilitator have:

- a working knowledge of the federal and state laws governing the major agencies involved;
- a working knowledge of the local policies, procedures and relationships which impact on the referral process;
- a working knowledge of the education and rehabilitation service options available within the community; and
- a working knowledge of the needs of the population to be served.

The facilitator functions as the prime organizer of the linkage system and is responsible for the majority of the background development work. This function is important to establishing the initial direction of the system and doing so in a time efficient manner.

However, once the group is selected and the first meeting is arranged, the group becomes the primary force in the development of the system.

The facilitator then becomes a clarifier, perception-checker, mediator, and goal tender within the group. The facilitator must strike a balance in the group between discussion and decision, thereby creating an atmosphere which will allow the group to reach consensus.

The final products of the group's labor (e.g., the procedures, forms) are generated by the entire group, and are approved singly and collectively by its members. The group's extensive involvement in the design of the linkage system results in expediting the task of system implementation.

MODEL DEVELOPMENT

A Checklist of the Facilitator's Activities

____ 1. Goal Statement

Establish a statement which clearly and directly articulates the specific purpose and intent of the linkage system.

____ 2. Primary Agencies

Identify primary agencies which represent only those agencies directly and actively involved in the implementation of the goal.

For the purpose of a referral-based linkage system, the primary agencies should fill the basic operational roles and functions within the referral process:

Source	the component in which the referral originates (i.e., Education)
Agent	the component which acts as the referral conduit or broker (i.e., Rehabilitation)
Provider	the component which actually provides the service needed (i.e., Community-Based Facility)

____ 3. Mandate and Purpose of Agencies

Identify federal and state laws which govern the individual agencies (i.e., the source, agent, provider), and which establish the unique mandates for each agency (i.e., right vs. entitlement).

____ 4. Local Operating Policies and Procedures

Identify local operating policies and procedures that exist within the linkage area by meeting with the representatives from each agency individually.

_____ 5. Objectives of Linkage System

Identify specific statements which reflect the objectives needed in order to achieve the goal of the linkage system (i.e., referral procedures, eligibility).

_____ 6. Identification of Linkage Committee Participants

Select linkage committee participants who can represent the primary agencies. This selection should be based on the information gained through steps one through five above. In addition, consideration should be given to each individual's commitment; time availability; authority within one's system; and knowledge of its operating procedures and the needs of the population served.

_____ 7. Committee Meetings

Plan and conduct committee meetings.

In order to provide structure for the meetings, it is recommended that the following techniques be used:

a. establish a realistic agenda;
b. record the content of the meeting;
c. clarify terms used by different agencies;
d. chart information on a chalkboard in order to assist in the clarification and conceptualization of the interface of the systems involved, and to keep the discussion focused on the goal; and
e. report back to group within one week by providing a synthesis of the meeting to participants in order to elicit their feedback.

In addition, the facilitator should keep the group's attention focused on the specific goal and the objectives of the linkage system and should maintain a degree of neutrality toward and support of the positions of the agencies involved.

_____ 8. Implementation:

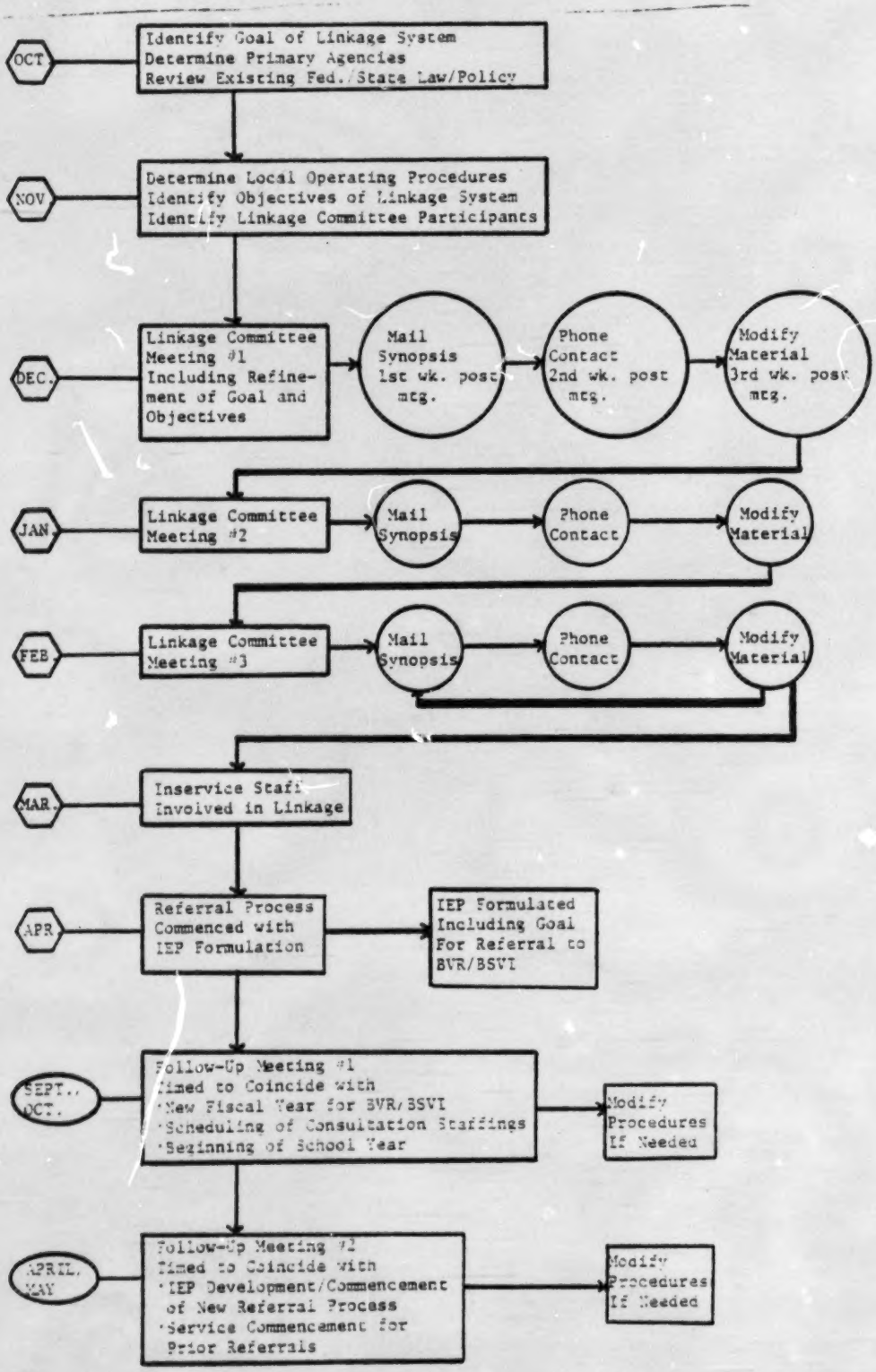
Implement local level linkage system. The group should formulate strategies for implementation of the linkage system. The facilitator, however, should be responsible for coordinating and monitoring the implementation activities.

9. Follow-up:

Follow-up should be generated by the group. These activities could consist of contacting agencies in order to monitor the effectiveness of the referral procedures, eliciting feedback from participants, and refining procedures based on committee feedback. The facilitator, however, should be responsible for insuring that follow-up occurs.

TIMELINE OF LINKAGE DEVELOPMENT ACTIVITIES

The following timeline has been developed in order to offer an example of a timed-sequence of activities which should facilitate the development and implementation of a referral-based local level linkage system.



MODEL PROCESS

PROJECT INTERACT'S MODEL LINKAGE SYSTEM

Development Process

The following is provided as an example of the development process used in designing Project INTERACT's local level linkage system for the referral of severely handicapped students from Education to Rehabilitation.

1. Goal Statement

The goal statement was chosen in order to succinctly articulate the specific intent and purpose of the linkage system, the primary agencies involved, and the population to be served.

Goal: To ease the referral of severely handicapped students from Education to Rehabilitation.

2. Primary Agencies

The primary agencies identified within the model area were chosen based on the following operational roles and functions which they perform within the referral process:

Source — Columbus City Schools

Columbus City Schools is the major provider of educational programming for severely handicapped students in the model area and is, therefore, the major source of referrals from Education to Rehabilitation.

Agent — Rehabilitation Service Commission's Bureau of Vocational Rehabilitation (BVR) and Bureau of Services for the Visually Impaired (BSVI)

BVR/BSVI are the conduits or service brokers in the linkage system because their counselors serve as consultants, coordinators, and purchasers of service.

Provider — Franklin County Board of Mental Retardation and Developmental Disabilities (FCBMR/DD): Adult Services

FCBMR/DD: Adult Services is the largest Commission on Accreditation of Rehabilitation Facilities (CARF) accredited Work

Activity Center and Sheltered Workshop in Franklin County and it is, therefore, the major provider of rehabilitation services and employment for eligible handicapped individuals in the model area.

When considering the primary agencies in this type of linkage system, it is important to remember that:

a. The Education system is the source of the referrals and that these referrals can originate in any component of Education (i.e., Regular, Special, or Vocational Education).

b. The Rehabilitation system consists of both the agent/service broker (RSC) and the provider of rehabilitation services (accredited community-based rehabilitation facility).

_____ 3. Mandate and Purpose of Agencies

Within the context of this model linkage system, the federal and state laws that a facilitator must be familiar with are:

Education (Right)

Federal	P.L. 94-142, The Education for All Handicapped Children Act of 1975
State	Ohio Amended Substitute House Bill 455

Rehabilitation (Entitlement)

Federal	P.L. 93-112, The Rehabilitation Act of 1973
	P.L. 95-602, The Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978

County Board of Mental Retardation and Developmental Disabilities (Entitlement)

Federal	P.L. 94-103, Developmental Disabilities Assistance and Bill of Rights Act
	P.L. 95-602, The Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978
State	Ohio Amended Senate Bill 169
	Ohio Amended Senate Bill 160

____ 4. Local Operating Policies and Procedures

Separate meetings* were held with representatives from BVR, BSVI, the Columbus City Schools, and the Franklin County Board of Mental Retardation and Developmental Disabilities: Adult Services. The intent of the individual agency meetings was to determine:

a. the type of client served and the type of services offered by each agency;
b. the current referral procedures which relate to the agency's function within the referral process;
c. effectiveness of those referral procedures as they relate to the agency's role and function within the referral process;
d. the staff perception of the effectiveness of these procedures and recommendations for any modification in existing procedures; and
e. who in the agency should participate in the linkage committee.

*NOTE: See SQ-1 for example of agency interview questions.

____ 5. Objectives of Linkage System

In order to accomplish the stated goal of establishing a referral-based linkage system, the following objectives were set:

a. determine existing mechanisms for referral of severely handicapped students;
b. determine lines of interagency communication;
c. identify service options for severely handicapped students;
d. determine information needed for referral;
e. identify personnel responsible for referral;
f. determine a time-line for referral activities;
g. determine RSC (BVR/BSVI) role as consultant to student's program; and
h. identify staff training and/or support needs related to implementation of a linkage system.

____ 6. Identification of Linkage Committee Participants

Selected participants held positions of authority within their system, demonstrated a commitment to establishing a linkage system, and possessed an extensive working knowledge of their respective system and clients served.

Committee Members were as follows:

Source	Columbus City Schools: Supervisor of Program for Severely and/or Multiply Impaired Students
Agent	BVR Area Supervisor; BSVI Area Supervisor
Provider	Franklin County Board of Mental Retardation and Developmental Disabilities: Assistant Superintendent for Adult Services
Facilitator	Project INTERACT Staff

____ 7. Committee Meetings

The linkage committee met three times for 2-1/2 hours each meeting. During those sessions the group addressed the goal and objectives of the linkage system. Information was charted on chalkboards in order to:

- clarify procedures that were being practiced,
- aid the members in conceptualizing the interface of the Education and Rehabilitation systems, and
- determine points of contact that should exist between the systems.

This approach to designing the linkage system model proved to be an effective technique for keeping the group on task and focused on the central goal.

The following materials were developed by the linkage committee:

a. Interagency Communication
This information (C-1 through C-5) was developed in order to determine the communication linkages that should exist within and between the systems.

b. Linkage System Model Flow Charts
These charts (FC-1 through FC-5) were designed in order to depict how a student moves through the educational continuum and into and through the adult vocational continuum.

The charts specifically demonstrate:

- the educational continuum,
- the adult vocational continuum, and
- the linkage of the two continuums.

c. Model Procedures

These materials (MP-1 through MP-7) were designed in order to facilitate the timeliness and appropriateness of referrals from Education to Rehabilitation by establishing procedures, determining information needed, and identifying personnel responsible for making the referrals.

_____ 8. Implementation

The committee members requested that project staff provide inservice for the agencies directly involved in the model area. This inservice was held prior to the beginning of the referral process [e.g., inclusion in the IEP of a goal for referral to RSC (BVR/BSVI)].

_____ 9. Follow-up

The committee members requested that the project staff monitor the implementation of the linkage system by:

a. contacting the agencies involved in the linkage system during the Fall of the year when the consultation staffings are to be scheduled and then periodically after that in order to monitor the progress of the system, and

b. meeting with linkage committee members in the Fall and early Spring to insure continuity in the referral process and to discuss modifications in existing policies and procedures. Additionally, these meetings will be used to broaden the effectiveness of the local service delivery system by addressing program needs.

These meetings will be scheduled as follows:

Fall — Timed to coincide with:
- New fiscal year for RSC (BVR/BSVI)
- Scheduling of the consultation staffings
- Beginning of the school year

Spring — Timed to coincide with:
- IEP Development/Commencement of the referral process for new referrals
- Conclusion of school program/commencement of service for prior referrals

These are provided as an example of the interview questions that can be asked when determining local operating policies and procedures. The following questions were asked during the meeting with BVR personnel in order to determine the existing referral procedures and relationships within the model area:

1. Is there an existing local agreement, formal or informal, between: schools/BVR? County Board of MR/DD/BVR?

2. How are referrals of school-age students made to BVR from: school/BVR? County Board of MR/DD/BVR?

3. Who determines which students should be referred?
   - Is BVR involved in this process?
   - Should BVR be involved?

4. Who generally makes the referrals to BVR?
   - Are there designated contact persons in both agencies?
   - How much <u>on-going</u> contact is there between the school and BVR? County Board of Mental Retardation and Developmental Disablities and BVR?

5. When are referrals made (i.e., upon graduation, during senior year)?
   - When should referrals be made?

6. What kind of information do you get upon referral?
   - Is it useful?
   - What kind of information would you want in a referral packet in order to expedite the referral process?

7. Are the referrals made to BVR appropriate?

8. What kind of preparation do the students need in order to be better prepared for BVR services?

9. What kind of services/programming do the students typically receive from BVR?

10. Do you feel that school personnel understand the BVR system? (parents? students?)
    - What further information do you think they need?
    - What further information do BVR personnel need concerning school programs or County Board of MR/DD?

11. In general, what are the problems that need to be addressed in order to facilitate referrals from schools to BVR?

INTERAGENCY COMMUNICATION

Project INTERACT's model linkage committee felt that the effectiveness of an on-going referral-based linkage system would be dependent upon the communication that exists between agencies. The committee, therefore, identified the primary agencies which need to engage in interagency communication, the levels at which communication should occur, and the frequency and purpose of that communication.

The following charts depict the primary communication network that the model group felt needed to be identified in order to develop an effective and on-going linkage system for the referral of severely handicapped students from Education to Rehabilitation.

In addition, the charts reflect a communication network that should exist not only if direct services are to be coordinated, but also if the overall service delivery system is to be strengthened at both the state and local levels. The committee felt that representatives from the local education agencies (LEA), the Vocational Education Planning Districts (VEPD), the County Board of Mental Retardation/Developmental Disabilities (169 Board), the community-based rehabilitation facilities, and BVR/BSVI needed to begin meeting, at least twice yearly, in order to exchange information that effected the local service delivery system. In addition, they felt that it was important that local and state administrators begin to exchange systems information on a regular basis.

C-1 Purpose of Interagency Communication: This outlines the primary agencies that should be involved in the linkage system and the purpose of communication that should occur at specific levels of organization.

C-2 Tables of Organization for Primary Agencies: The tables of organization presented reflect the general organizational structures of the primary agencies involved.

C-3 Process of Interagency Communication: The process of communication illustrates communication points across agency lines and within organizational structure.

C-4 Conceptual Pattern of Interagency Communication: Conceptually the pattern of communication illustrates the cohesiveness of coordination between agencies that forms the basis for a flow of information across channels.

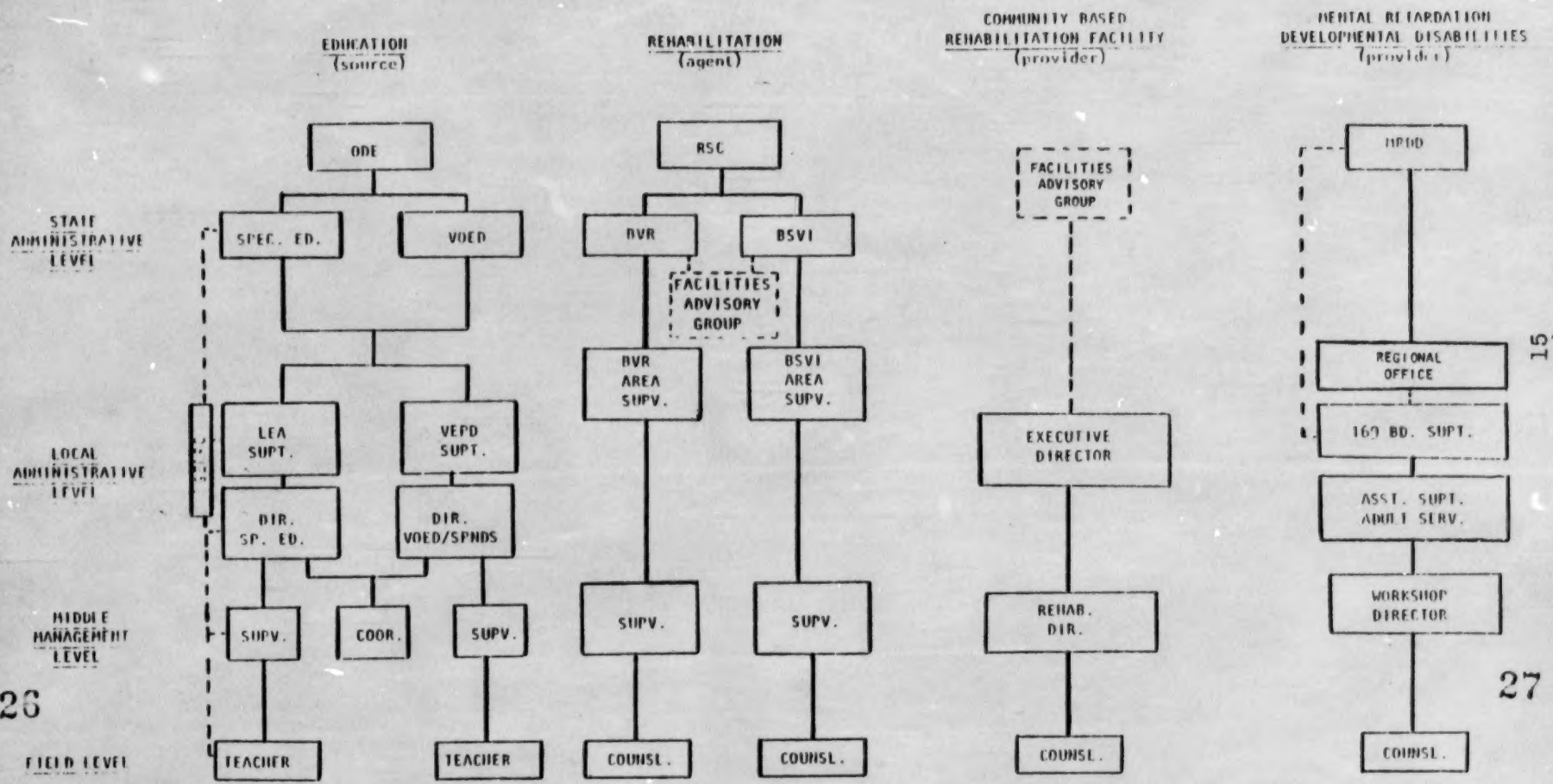
C-5 BVR/BSVI/SERRC List: This is a listing of the BVR/BSVI area offices and the corresponding Special Education Regional Resource Center (SERRC) regions.

PURPOSE OF INTERAGENCY COMMUNICATION

C-1

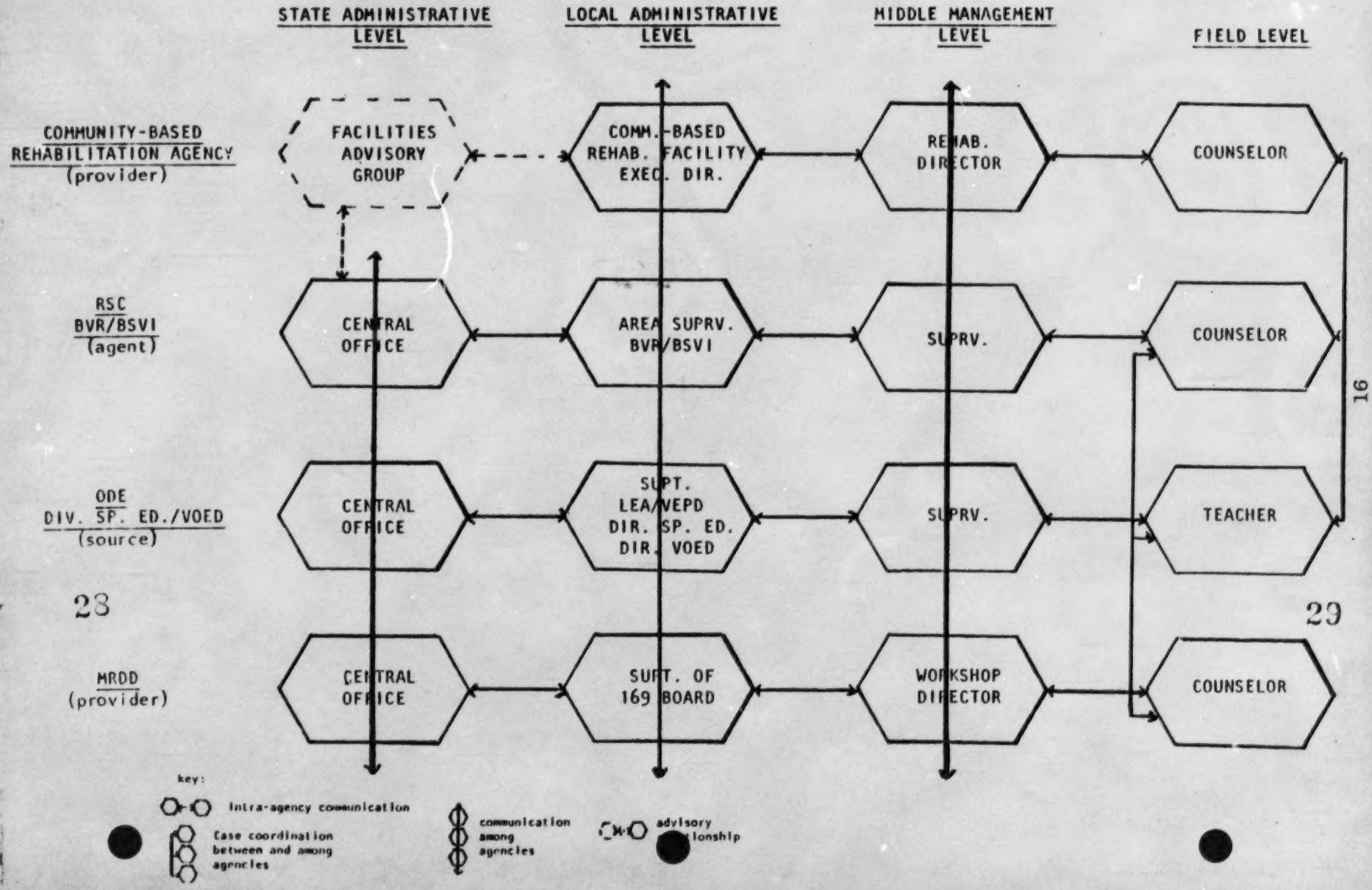
LEVEL	PRIMARY AGENCIES	PURPOSE OF COMMUNICATION	MINIMUM FREQUENCY
State Administrative	Rehabilitation Services Commission Department of Education Department of Mental Retardation and Developmental Disabilities	Formulate policies/procedures given state needs and resources; determine funding issues/priorities; enter into interagency agreements and efforts; determine benefits of coordination of services to systems; monitor effectiveness of joint efforts.	2 times/year
Local Administrative	BVR, BSVI, LEA, VEPD, 169 Board, Community Based Rehabilitation Facilities Optional: SERRC may be involved as a facilitator, i.e. send out meeting notices, provide meeting rooms	Local implementation of state level agreements and formulation of local policies/procedures given local system needs and resources; enter into local interagency agree-. ments and/or working relationships; determine benefits of coordination of services to systems; monitor effectiveness of joint local efforts; exchange of systems information.	2 times/year
State/Local Administrative	All agencies cited above Optional: SERRC may be involved as a facilitator, i.e. send out meeting notices, provide meeting rooms	Determine benefits of coordination; joint exchange of state and local information/needs; define parameters of responsibility for joint planning given local/state needs and resources.	Yearly
Local Middle Management	See agencies listed at local administrative level	Practical application of state and local level policy/procedures; discussion of clients' needs for services and programming; exchange systems, programming, and service information; share expertise.	2 times/year
Field	Agencies determined by the needs of the individual student/client	Coordination of specific services and programming for individual students; consultation for program direction; joint planning for individual; exchange of system, programming, and service information; share expertise.	On-going

*TABLES OF ORGANIZATIONS FOR PRIMARY STATE AGENCIES

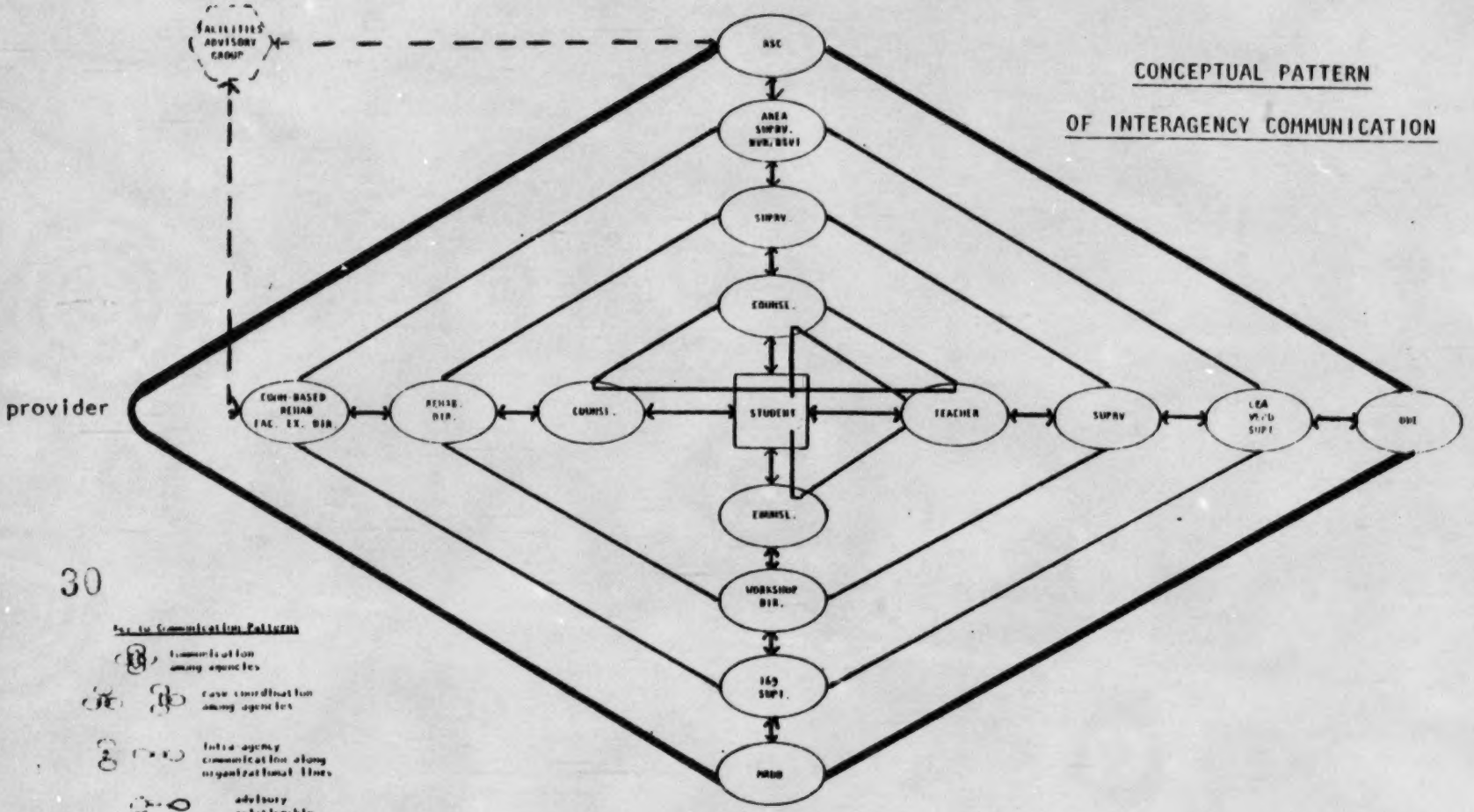


*These tables are meant to reflect the general structure of the agencies.

PROCESS OF INTERAGENCY COMMUNICATION



agent



CONCEPTUAL PATTERN

OF INTERAGENCY COMMUNICATION

17

30

31

Key to Communication Patterns

- communication among agencies
- case coordination among agencies
- intra agency communication along organizational lines
- advisory relationship

The following is a listing of the BVR/BSVI Area Offices and the corresponding Special Education Regional Resource Center (SERRC) Regions.

- BVR 1
  7110 Pippin Road
  Cincinnati, OH 45239
  (513) 522-9800

  Southwestern Ohio SERRC
  Hopewell SERRC
  Pilasco-Ross SERRC

- BSVI 1
  617 Vine Street, Suite #905
  Cincinnati, OH 45202
  (513) 852-3223

  Southwestern Ohio SERRC
  Hopewell SERRC
  Pilasco-Ross SERRC

- BVR 2
  111 West First Street
  Suite #202
  Dayton, OH 45402
  (513) 224-3528

  Miami Valley SERRC
  West Central SERRC

- BSVI 2
  111 West First Street
  Suite #303-A
  Dayton, OH 45402
  (513) 228-6188

  Miami Valley SERRC
  West Central SERRC

- BVR 3
  1450 Secor Road
  Suite #204
  Toledo, OH 43607
  (419) 537-1722

  West Central Ohio SERRC
  Northern Ohio SERRC
  Northwest Ohio SERRC

- BSVI 3
  1450 Secor Road
  Suite #206
  Toledo, OH 43607
  (419) 536-8334

  West Central Ohio SERRC
  Northern Ohio SERRC
  Northwest Ohio SERRC

- BVR 4
  4795 Evanswood Drive
  Suite #111
  Columbus, OH 43229
  (614) 438-1450

  Northwest Ohio SERRC
  Northern Ohio SERRC
  North Central SERRC
  Central Ohio SERRC
  Hopewell SERRC

- BSVI 4
  3333 Indianola Avenue
  Suite #402
  Columbus, OH 43214
  (614) 466-4796

  Northwest Ohio SERRC
  Northern Ohio SERRC
  North Central SERRC
  Central Ohio SERRC
  Hopewell SERRC

- BVR 5
  601 Underwood Street
  Zanesville, OH 43701
  (614) 453-0673

  East Central SERRC
  Southeastern Ohio SERRC

- BVR 6
  4911 Spruce Hill Drive, N.W.
  Canton, OH 44718
  (216) 494-3540

  East Central SERRC
  Lincoln Way SERRC
  Mid-Eastern SERRC

- BVR 7
  615 West Superior Avenue
  Suite #765
  Cleveland, OH 44113
  (216) 622-3390

  Northern Ohio SERRC
  Cuyahoga SERRC

- BVR 8
  401 South Street
  Chardon, OH 44024
  (216) 285-9178

  Lincoln Way SERRC
  East Shore SERRC
  Northeast Ohio SERRC

- BSVI 5
  421 Main Street, Lower Level
  Zanesville, OH 43701
  (614) 454-9719

  East Central SERRC
  Southeastern Ohio SERRC

- BSVI 6
  110 Central Plaza, South
  Suite #400
  Canton, OH 44702
  (216) 452-4946

  Lincoln Way SERRC
  Northeast Ohio SERRC
  Mid-Eastern SERRC
  East Central SERRC

- BSVI 7
  615 West Superior Avenue
  Suite #750
  Cleveland, OH 44113
  (216) 622-3375

  Northern Ohio SERRC
  East Shore SERRC
  Cuyahoga SERRC

The following is a list of the SERRCs by region and the corresponding Area Offices for BVR and BSVI.

- SOUTHWESTERN OHIO SERRC
  415 Herman Street
  Cincinnati, OH 45219
  (513) 241-8644, 8643

  BVR 1
  BSVI 1

- HOPEWELL SERRC
  5799 West New Market Road
  Hillsboro, OH 45133
  (513) 393-1904

  BVR 1
  BSVI 1

- PILASCO-ROSS SERRC
  411 Court Street, Room #206
  Portsmouth, OH 45662
  (614) 354-4526, 4527

  BVR 1
  BSVI 1

- SOUTHEASTERN OHIO SERRC
  507 Richland Avenue
  Athens, OH 45701
  (614) 594-4235

  BVR 5
  BSVI 5

- EAST CENTRAL SERRC
  818 Boulevard
  Dover, OH 44622
  (216) 343-3355

  BVR 5, 6
  BSVI 5, 6

- EAST SHORE SERRC
  8870 Mentor Avenue
  Mentor, OH 44060
  (216) 255-3679, 6016

  BVR 8
  BSVI 7

- CUYAHOGA SERRC
  14605 Granger Road
  Maple Heights, OH 44139
  (216) 587-5960

  BVR 7
  BSVI 7

- NORTHERN OHIO SERRC
  RD #15233, Route #58, South
  Oberlin, OH 44074
  (216) 775-2786

  BVR 3, 4, 7
  BSVI 3, 4, 7

- NORTHWEST OHIO SERRC
  10142 Dowling Road, RR #2
  Bowling Green, OH 43402
  (419) 833-6781

  BVR 3, 4
  BSVI 3, 4

- WEST CENTRAL OHIO SERRC
  RR #6, N. Dixie Highway
  Box #A-3
  Wapakoneta, OH 45895
  (419) 738-9224, 9225

  BVR 2, 3
  BSVI 2, 3

• LINCOLN WAY SERRC
1450 West Main Street
Louisville, OH 44641
(216) 875-2423, 2527

BVR 8
BSVI 6

• MIAMI VALLEY SERRC
1830 Harshman Road
Dayton, OH 45424
(513) 236-9965

BVR 2
BSVI 2

• NORTHEAST OHIO SERRC
409 Harmon Street, N.W.
Warren, OH 44483
(216) 395-0311

BVR 8
BSVI 6

• NORTH CENTRAL SERRC
791 Williamsburg Drive
Galion, OH 44833
(419) 468-6447

BVR 4
BSVI 4

• MID-EASTERN SERRC
65 Steiner Avenue
Akron, OH 44301
(216) 434-3481, 3482

BVR 6
BSVI 6

• CENTRAL OHIO SERRC
470 Glenmont Avenue
Columbus, OH 43214
(614) 262-4545

BVR 4
BSVI 4

MODEL LINKAGE SYSTEM FLOW CHARTS

These flow charts have been designed in order to depict the movement of a severely handicapped student through an educational continuum and into and through the adult vocational continuum that exists within the model area (Franklin County). The charts reflect:

- the educational continuum that exists in Columbus City Schools,
- the adult vocational continuum that exists in Franklin County; and
- the points of contact that were established in order to create a linkage system.

Specifically, these charts depict:

FC-1 Mildly Handicapped/Moderately Handicapped Service Options: The purpose of this chart was to depict the outcomes in terms of service options available in the model area. The group felt that this chart did not demonstrate service options for severely handicapped students.

FC-2 Severely Handicapped Service Options: The purpose of this chart was to show service options available to students with severe handicaps and to suggest the following points of contact between Education and Rehabilitation:

1. during the school program in order to provide direct services or consultation, and
2. prior to graduation in order to provide consultation with regard to appropriate adult vocational placement.

Additionally, the group felt that a computer tracking code should be established in order to track those individuals whose needs currently could not be met due to a lack of available resources or technology within the present community system.

FC-3 Columbus City Public School/Rehabilitation Model for Low Incidence and Severely Handicapped Adolescents: The purpose of this chart was to expand upon the information in FC-1 and FC-2. The group felt that further explanation of the linkage system needed to occur, therefore, they:

1. delineated the elements of the educational continuum existing within the Columbus City School System, and

2. determined the points of contact that should exist between Education and Rehabilitation, especially while the student is in school. The group felt that:

   a. direct services and/or consultation could be accessed during the pre-vocational/vocational evaluation phase of the school program,

   b. consultation could be accessed during the team meeting in order to assist in determining an appropriate pre-vocational/vocational training program for the student,

   c. direct services and/or consultation could be accessed during the actual pre-vocational or vocational training program in order to assist in the clarification of realistic adult vocational outcomes and in the design of strategies or services which would prepare the student to meet the requirements of those adult vocational outcomes, and

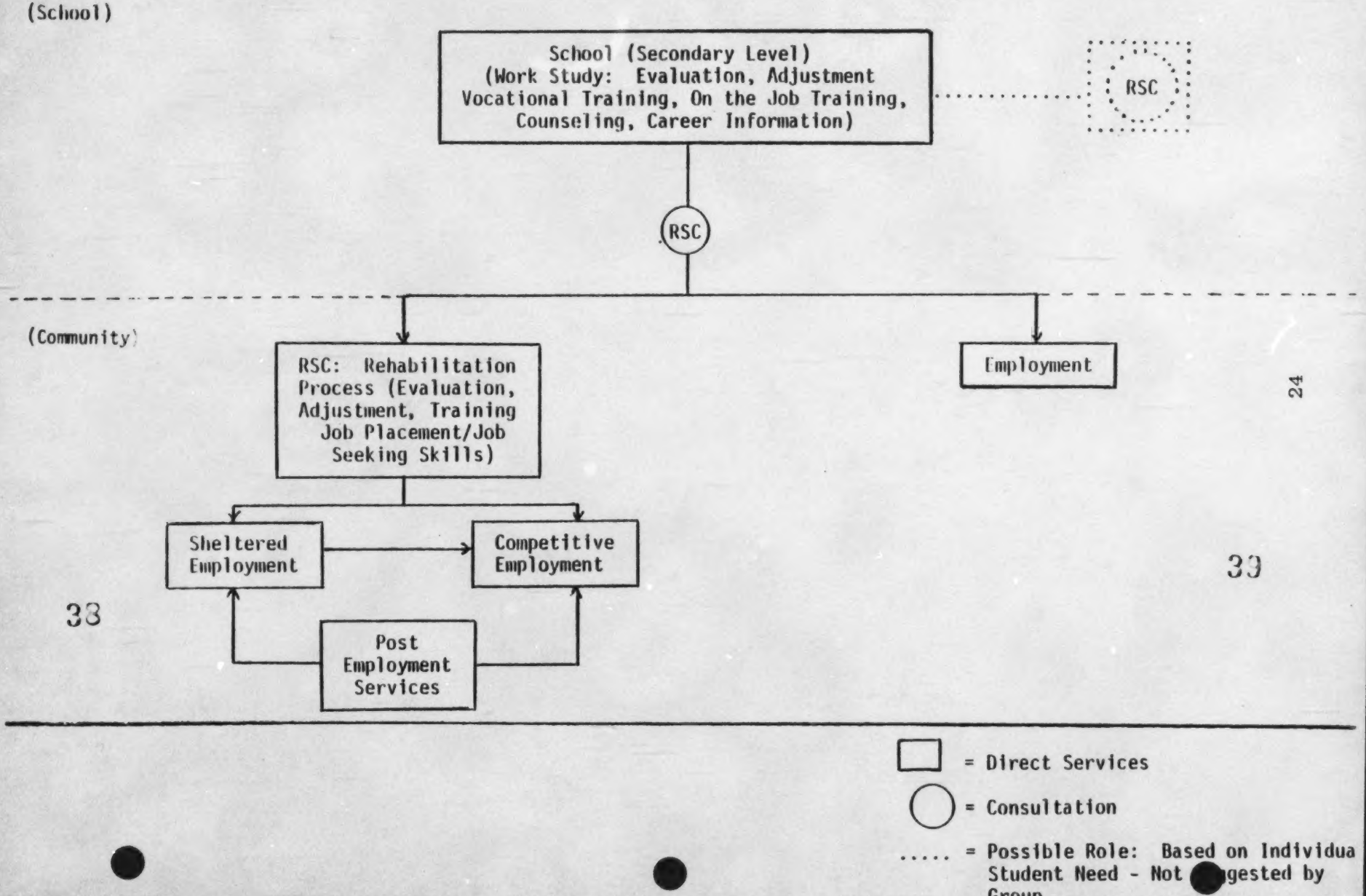
   d. consultation should be accessed prior to referral of students to RSC (BVR/BSVI) in order to insure the appropriateness of referral and to assist in the final preparation of the student.

   [Note: For further information on accessing direct service from RSC, see Eligibility Requirements (MP-1) and Considerations for Referral (MP-2). For further explanation of how to access consultation from RSC, see Referral and Consultation Process (MP-5).]

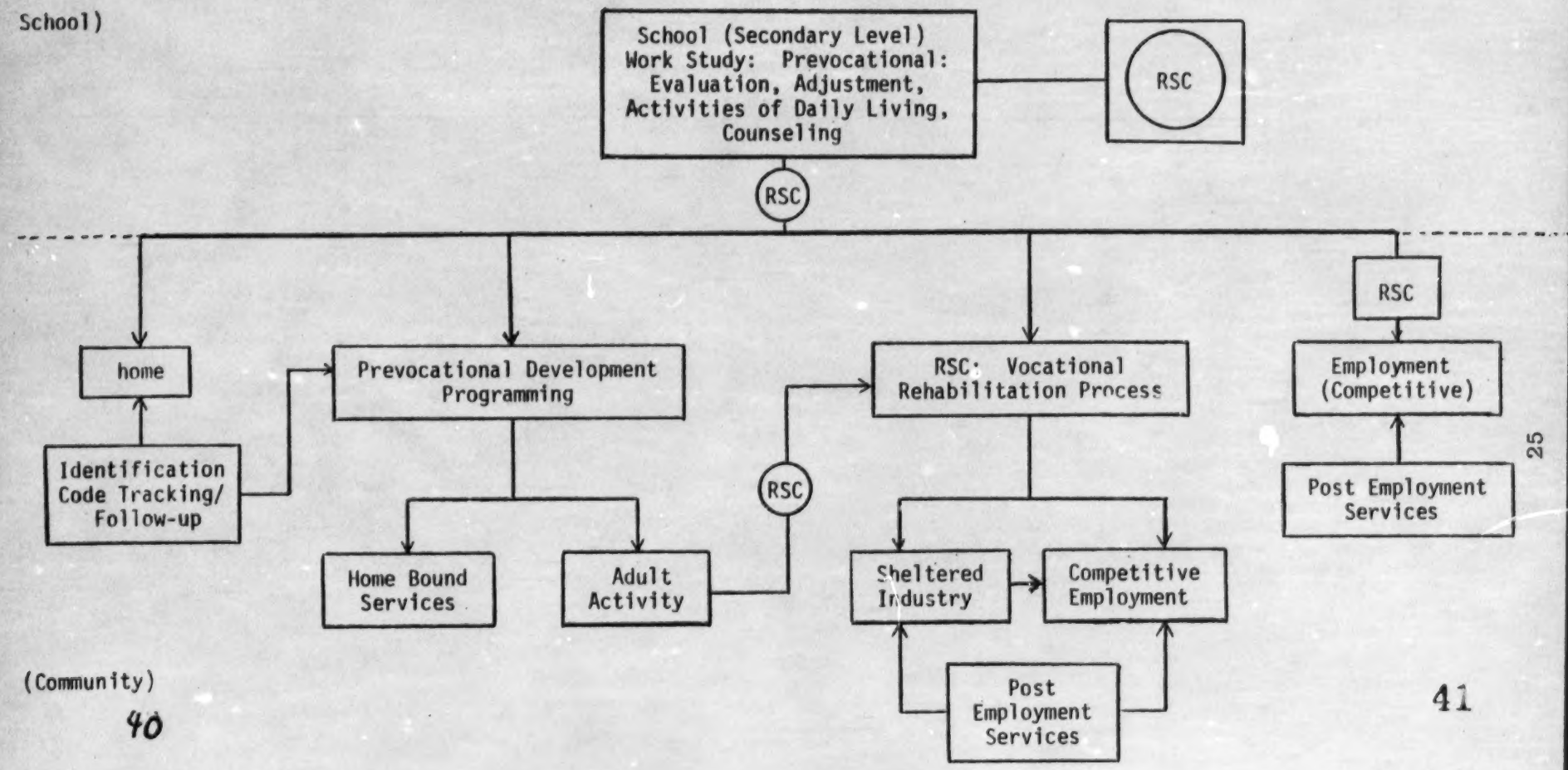
FC-4 Franklin County Board of Mental Retardation and Developmental Disabilities/Rehabilitation Model for Low Incidence and Severely Handicapped Adolescents: The purpose of this chart was to depict the options available for students graduating from the Franklin County Board of Mental Retardation and Developmental Disabilities school-age program. Again, points of contact between that system and BVR/BSVI were established. The contacts included both direct services and consultation.

FC-5 Franklin County Board of Mental Retardation and Developmental Disabilities: Adult Program and Employment Outcomes: The purpose of this chart was to depict the program and employment outcomes related to Franklin County Board of Mental Retardation and Developmental Disabilities: Adult Services. The group felt that this chart was necessary since this program was the major service provider and employer of severely handicapped in the model area.

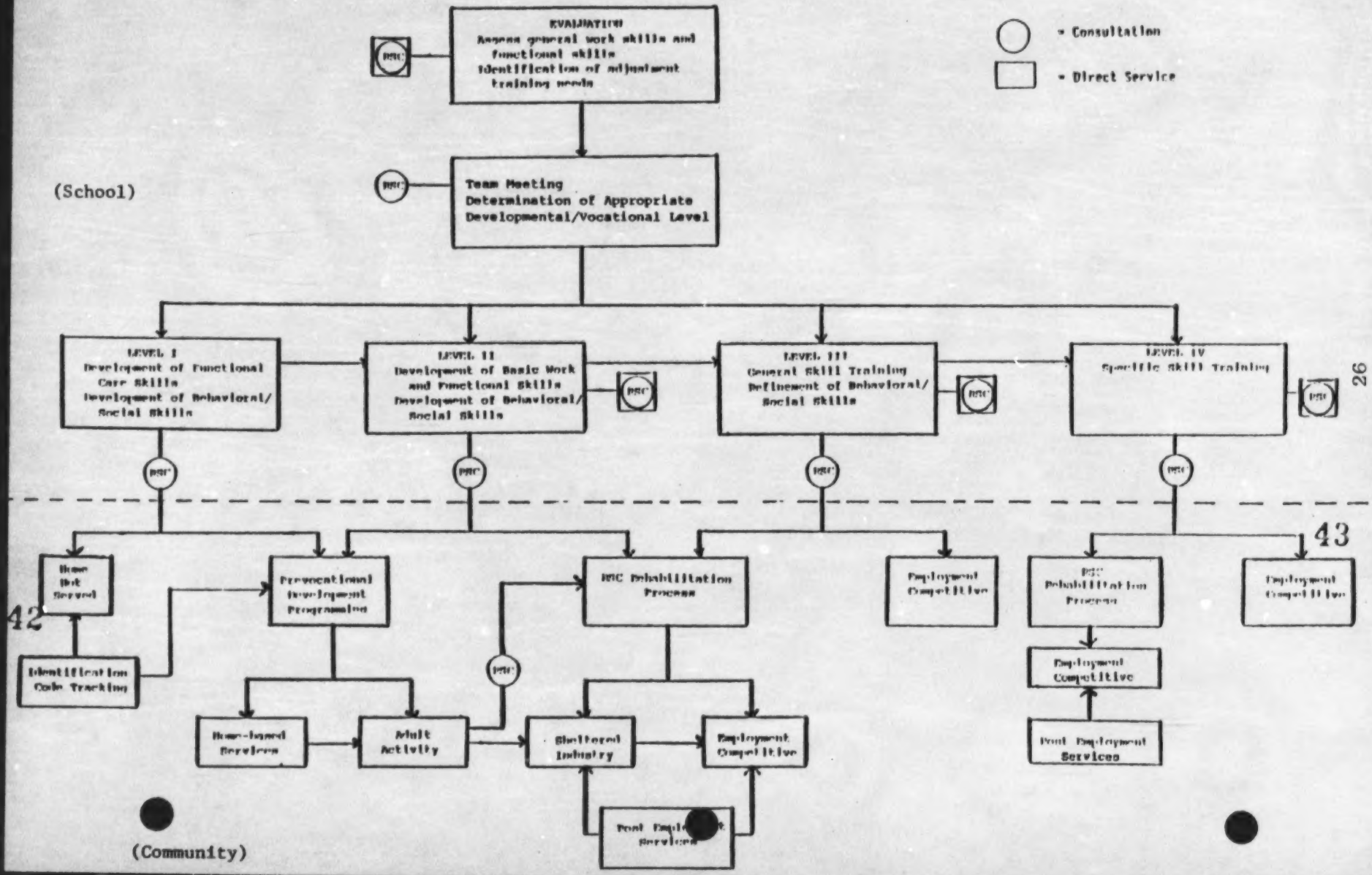
MILDLY HANDICAPPED
MODERATELY HANDICAPPED
SERVICE OPTIONS



SEVERELY HANDICAPPED SERVICE OPTIONS

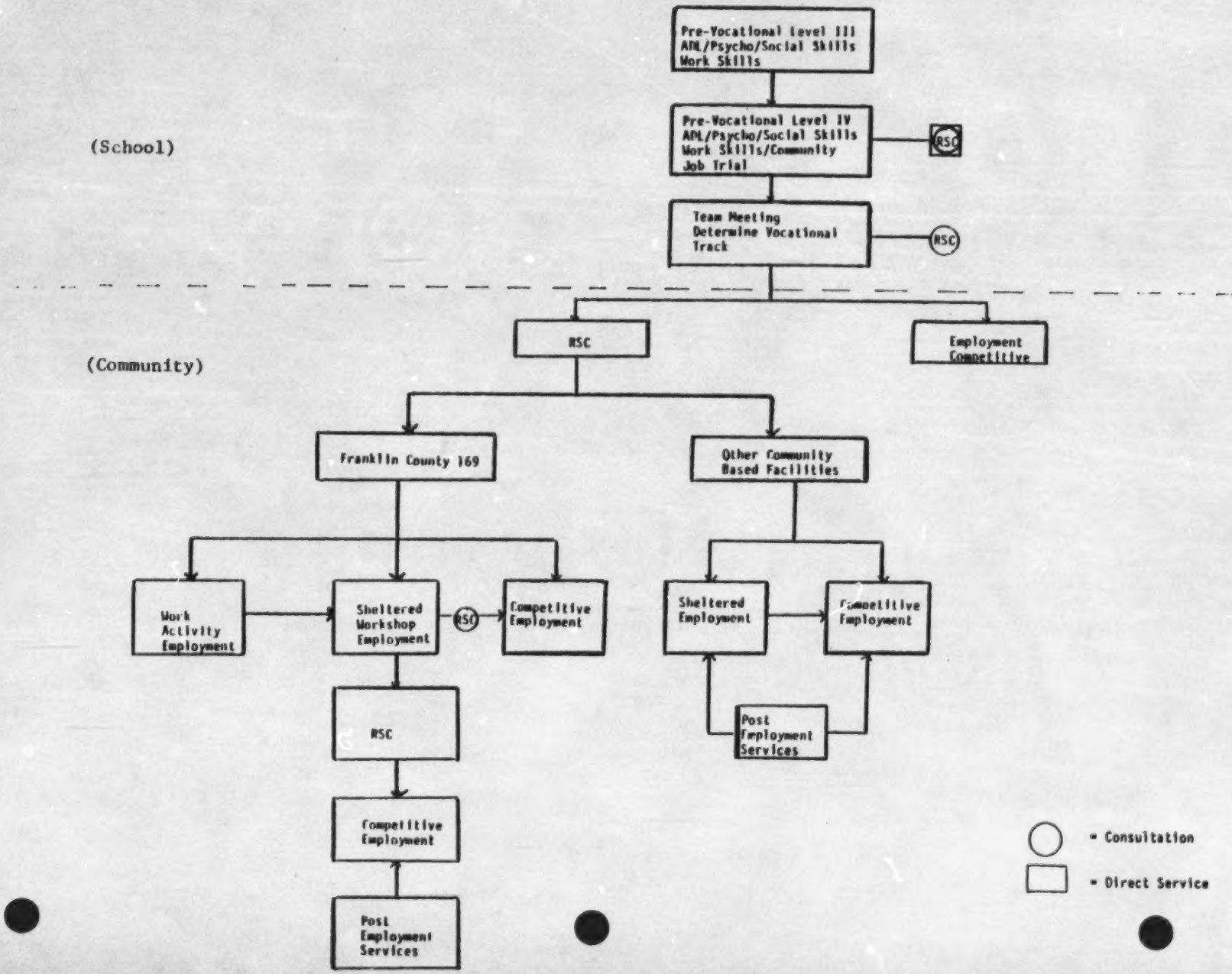


COLUMBUS CITY PUBLIC SCHOOL/REHABILITATION MODEL FOR LOW INCIDENCE AND SEVERELY HANDICAPPED ADOLESCENTS



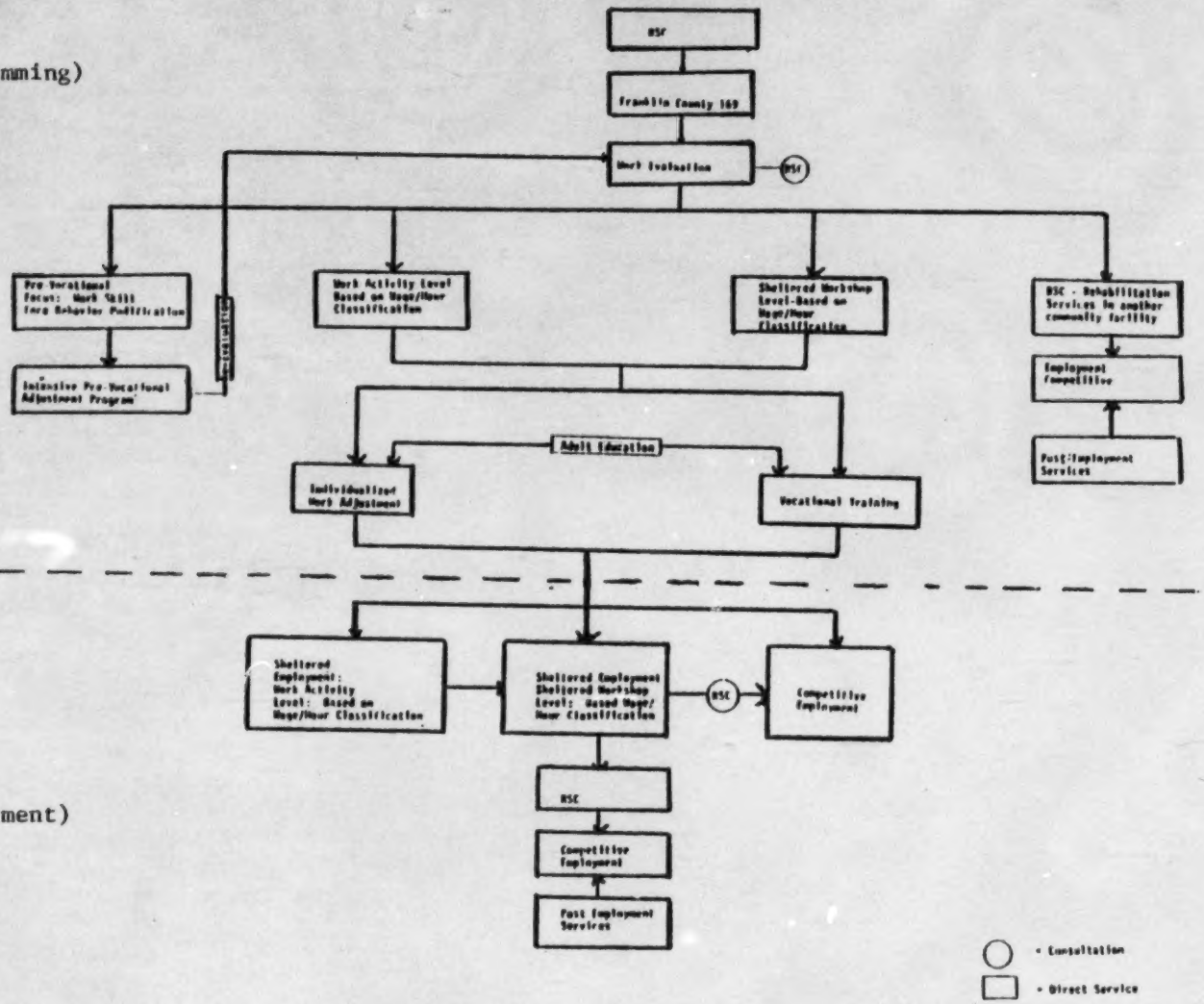
Franklin County Board of Mental Retardation and Developmental Disabilities/Rehabilitation Model for Low Incidence and Severely Handicapped Adolescents

FC-4



Franklin County Board of Mental Retardation and Developmental Disabilities Adult Program and Employment Outcomes

(Programming)



(Employment)

MODEL PROCEDURES FOR THE REFERRAL OF SEVERELY HANDICAPPED STUDENTS FROM EDUCATION TO REHABILITATION

These procedures were developed by representatives from the primary agencies involved in Project INTERACT's Model Linkage System for the Referral of Severely Handicapped Students from Education to Rehabilitation. These procedures were designed in order to:

- facilitate and expedite the timeliness and appropriateness of referrals to Rehabilitation;
- assist schools in the determination of whether RSC is the most appropriate agency to assist the student;
- determine the kind of information needed in order to insure appropriate program planning in both the Education and Rehabilitation systems;
- clarify the responsibilities of persons involved; and
- establish a timeline of events which should occur in order to achieve a smoother referral process.

Specifically, these procedures address:

MP-1 Eligibility Criteria for the Referral of Students to RSC: Provides clarification of who is eligible to receive services from RSC.

MP-2 Considerations for Referral to RSC: Outlines factors that should be taken into account when deciding if a referral to RSC should be made.

MP-3 RSC Referral Information Packet: Details the type of information needed in order to facilitate eligibility and expedite the planning and coordination of services.

MP-4 Questions Related to Rehabilitation Plan Development: Outlines the type of questions asked by rehabilitation counselors when developing client plans.

MP-5 Referral and Consultation Process: Describes the actual referral process and explains the role of the RSC Counselor as a consultant to the school program.

MP-6 The Columbus City Public Schools/RSC Referral Process: Outlines, in a timed-sequence of events, the activities which need to occur in order to facilitate the referral process and it designates the personnel responsible for initiating each of those activities.

MP-7 Referral Timeline: Goal Franklin County Board of Mental Retardation and Developmental Disabilities: Adult Services: Outlines in a timed-sequence of events the activities which need to occur in order to interface the referral process with this agency's evaluation cycle.

+Eligibility:

Eligibility for vocational rehabilitation services will be based on:

the presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment,* and

a reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability.

No residence requirement of any kind will be imposed. No upper or lower age limit will be set which in itself will result in a finding of ineligibility for any person who otherwise meets the two basic requirements listed above.

*In such cases where benefits to employability cannot be readily established, BVR and BSVI may provide, during an extended evaluation period, such services as may be necessary to determine this eligibility requirement.

+Sec. 1361.33: Rules and Regulations for the 1974 Amendments of the Rehabilitation Act of 1973, issued by the Department of Health, Education and Welfare.

1. When considering referral to RSC, school personnel should review the following questions:

   a. Is there a program or individual within the school system that provides the same or similar services?

   b. Is there a community agency that could provide similar services (i.e., Bureau of Crippled Children's Services, Community Mental Health Center)?

   c. Is RSC the most appropriate agency to assist the student?

   d. If RSC accepts the referral as appropriate, does the student have the maturity, interest, and desire needed to formulate realistic vocational plans and outcomes?

   e. Is the individual at an age when it is reasonable to plan for employment?

2. Considerations for referral might include:

   a. Diagnostic and evaluative services which are needed to assist the individual in becoming job ready/employable and which are not provided or available through the school system.

   b. The individual is in need of services to continue vocational/employment program, and these services are not available through the school system. Examples of such services are OJT, special tools/equipment, maintenance allowance to continue program, special training, transportation, and child support.

   c. The individual is believed unable to obtain and maintain employment without additional assistance, especially after graduation.

   d. The individual is capable of advanced or post high school training but needs supportive assistance and follow-up.

   e. The individual is experiencing adjustment problems due to emotional, psychological, and/or medical complications, and is in need of comprehensive professional services (need must be documented and RSC field consultant will determine eligibility).

3. After reviewing the above considerations for appropriate referral to RSC, the individual initiating the referral must concisely detail the reason(s) for referral to the designated liaison person.

   The individual initiating the referral and necessary paperwork at the school may include: administrators, department chairpersons, work-study coordinators, guidance counselors, teacher-coordinators, special education supervisors, psychologists, and/or work orientation staff.

   [Note: For further information, see the RSC Referral Informaton Packet (MP-3) and Questions Related to Rehabilitation Plan Development (MP-4)]

   *Adapted from: The Memorandum of Understanding between Cleveland Public Schools and Bureau of Vocational Rehabilitation, 1980.

Required Information

Referral Information required by RSC:
(Ohio Rehabilitation Services Commission Client Referral Form RSC-367)

Date

Student Name

Address

Disability

Date of Birth

Sex

Referral Source:

- Name (person making referral)
- Type of Referral Source (i.e., school, community mental health center)
- Name of Agency/School
- Telephone Number

Supplemental Information

Referral information needed by RSC to expedite/facilitate eligibility determination and service planning/coordination:

Social Security Number

Student's Telephone Number

County

Directions to Home

Source(s) of Income of Student (i.e., SSI/SSDI, Medicaid, Private Insurance)

Educational Summary (i.e., Summary of educational progress/ performance, skills/strengths, limitations/weaknesses, type of educational program and services. Indicate activities that demonstrate initiative/independence, such as use of leisure time, hobbies, and interests)

Existing Diagnostics: (copies of reports)

- Medical
- Academic
- Psychological
- Multi-factored Assessment
- Pre-vocational/Vocational Assessment
- Related Service Assessments (Occupational Therapy, Physical Therapy, Speech Therapy, Orientation and Mobility)

Social History Summary (i.e., summary of social and behavioral development)

Summary of current involvement with other community agencies:

- Name of agency
- Contact person

It is suggested that a copy of the completed referral packet be placed in the student's cumulative record.

The following background questions are often asked by rehabilitation counselors when they are developing an individual's rehabilitation plan.

I. Physical Functioning:

a. Is the client's disabling condition progressive or stable?
b. If the client is restricted in respect to activities of daily living:
   i. Can his/her capacity for carrying out such activities be increased?
   ii. How much assistance from others will always be absolutely necessary for this client to carry out the activities of daily living?
c. If mobility is restricted by the client's physical disability, can mobility be increased?
d. Are there any available technological devices which can help the client overcome physical deficits?
e. In what ways is utilization of the client's vocational skill blocked by the presence of his disability? Can the barrier be reduced?

II. Vocational Skills

a. Is the client's educational record an accurate reflection of intellectual capacity (i.e., Did the individual quit school because he/she had to for financial reasons)?
b. Has the client developed vocationally relevant skills which limit the functional impact of the disability?
c. Does the client's educational and work history suggest certain types of training and contraindicate others? Which does it suggest and which does it contraindicate?
d. Does the client have a good picture of personal skills and abilities?
e. Is there any evidence of undeveloped talents that have vocational relevance? Can and/or should such be developed?
f. Has the client a positive work history (i.e., regular employment?)
g. What work skills does the client currently possess?
h. What information from the client's work history can be of value with respect to current vocational choice considerations? In what specific ways is that information useful?

III. Psychological Functioning

a. Has the client manifested psychological reactions toward his/her disability inhibitive of adequate vocational adjustment? If yes, how can they be ameliorated?

b. Is the client's disability being used as justification for failure to fulfill expectations of self or others? If yes, how can his/her motivation for rehabilitation be increased?
c. Is the client gaining dependency gratifications from being unemployed? If yes, how can motivation for rehabilitation be increased?
d. Is the client overconcerned about his/her general health?
e. Is there any reason to believe that the client's physical symptoms are psychologically based?
f. Is the client perceiving his/her functional limitations as being less than they actually are in spite of clear-cut evidence to the contrary?
g. How is the client likely to respond in a high production-high stress type job?
h. Would the client work well on a job that demanded a large amount of collaborative effort with other workers?
i. Will the client respond appropriately to supervision on the job?
j. Is the client willing to sacrifice a substantial amount of free time for purposes of employment?

IV. Environmental Considerations

1. Relationships with Family and Friends

a. Will the client's family facilitate his/her rehabilitation? Will any intervention be necessary to augment a positive effect?
b. Will it be necessary to attempt to improve the client's family adjustment? How can such a goal be achieved?
c. Will the client tend to obtain secondary gain based reinforcement from his/her family that will reinforce dependency and act as a counter-incentive to achievement of vocational rehabilitation?
d. Is there any evidence of overprotectiveness by the client's family?
e. Are significant family members encouraging unrealistic client aspirations?
f. Is there any reason to believe that the way the client handles leisure time could pose problems in regard to job retention?

2. Economic Situation

a. Will maintenance need to be provided or obtained for the client?
b. If the client is receiving disability related financial support such as SSI, SSDI, Medicaid, Food Stamps, Workman's Compensation, etc., does it appear to be creating a

sufficient disincentive to create a significant barrier to rehabilitation? If yes, how can such a barrier be reduced?

c. If the client has significant outstanding debts, could they impede rehabilitation plan completion?

d. Is the client capable of independently managing personal finances?

V. Personal Vocational Choice Considerations

1. Regarding Current Goals

a. Does the client have an appropriate job goal (i.e., Are the client's vocational aptitudes, skills and interests congruent with his vocational goals?)?

b. Does the client have an understanding of the employment outlook in the field(s) which he/she is considering?

c. Are there jobs available in the community for which the client presently qualifies?

d. Does this client know what he/she wants to do vocationally? If the client does not have a "realistic" vocational goal, how can he/she be helped to make an "appropriate" vocational choice?

e. Does this client have sufficient work experience on which to base a realistic vocational choice?

f. Is the client aware of the general entry requirements and daily demand characteristics for the occupations in which he/she has expressed an interest?

g. Does the client require any specific occupational information in order to make an appropriate vocational choice?

h. Is the client people-oriented or thing-oriented?

i. Are the conditions of work more important to the client than the actual type of work performed (job tasks)?

2. Regarding Potential Goals

a. Are there specific realistic job redesign possibilities that can increase the client's employability?

b. Is the client employable without work adjustment training?

c. Is the client employable without vocational training?

d. Are there any client leisure time activities that are suggestive of an appropriate vocational choice? How so?

3. Regarding Job Acquisition

a. Does the client's specific disability disallow the consideration of certain work settings?

b. If formerly employed, does the client have the physical and/or psychological capacity necessary for returning to that job?
c. Can this client sell himself/herself to potential employers?
d. Can the client satisfactorily fill out most job application blanks?
e. How active will the counselor have to become in respect to client job acquisition?

*Rubin, S.E. and Roessler, R.T. 1978. Foundations of the Vocational Rehabilitation Process. University Park Press, Baltimore, MD.

Referral Process

The referral process to RSC (BVR/BSVI) should be commenced if it appears that RSC is the most appropriate agency to meet the student's vocational needs. A careful review of the student's needs, RSC's eligibility criteria (MP-1), and the suggested considerations for referral to RSC (MP-2) should be made in order to assist the school personnel in arriving at this decision.

Upon the determination of the appropriateness for RSC's involvement and a reasonable vocational goal, the referral process begins with inclusion of a goal for referral in the IEP. The process continues until there has been a determination of either eligibility or ineligibility for RSC services.

The actual referral of the student from the school to Rehabilitation should be made six months prior to the actual need for those services to begin. The services can be provided during school, upon graduation, or termination from school; however, the referral to RSC should be made six months prior to the need for services.

Consultation Process

The RSC counselor can provide consultation to the school at various times during the student's educational program. The RSC counselor can be accessed as a consultant during the following:

1. vocational evaluation,
2. planning of a vocational program,
3. implementation of a vocational program, and/or
4. referral process.

The counselor's input at these points in a school program can be useful in the realistic planning and preparation of the student based upon the student's current and future needs and in identifying other community service options.

The RSC counselor should be accessed for consultation during the referral process. This consultation should occur approximately two months prior to the referral of the student to RSC. The purpose of consultation at this point is fourfold:

1. to review the initial referral information,
2. to determine if additional information is needed,
3. if needed, to make programming recommendations which will better equip the student to meet the demands of an adult vocational program, and
4. to determine the initial feasibility for RSC's involvement
   If the counselor indicates that RSC is not feasible, then the parent/school has two options:

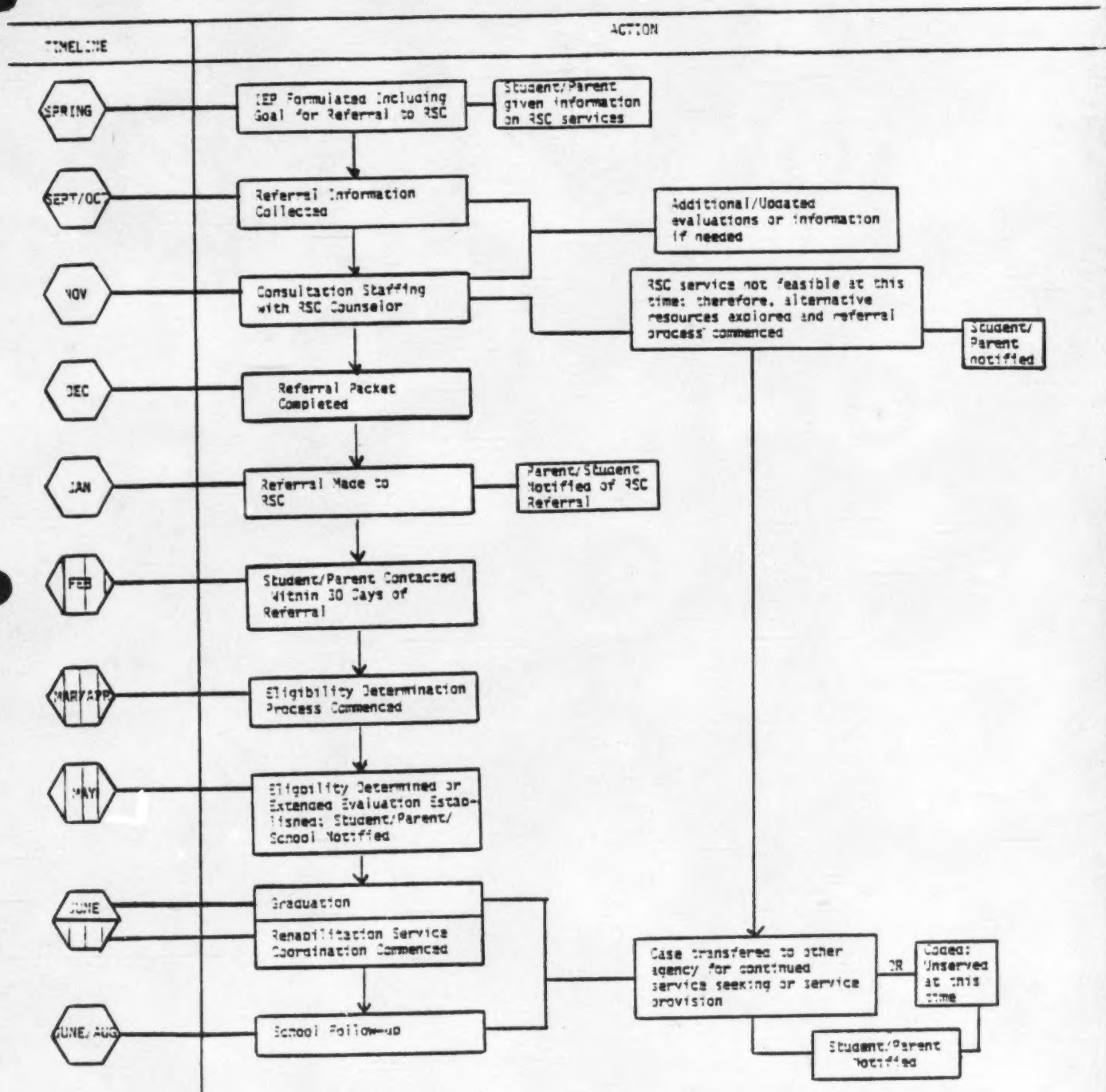
- continue the RSC referral process and/or
- initiate the exploration of alternative resources.

It is suggested that when the school personnel schedule the referral consultation, that they be prepared to discuss several students during one meeting.

The RSC counselor does not have to open a case on a student in order to provide consultation to the school. It is recommended, however, that accessing the counselor as a consultant be confined to the clarification of issues or planning and coordination of services as they relate to the prevocational and vocational needs of the student.

[Note: Prior to any consultation and/or sharing of information with the RSC counselor, the school personnel should obtain permission to do so from the student's parent or guardian.]

COLUMBUS CITY PUBLIC SCHOOLS/RSC REFERRAL PROCESS

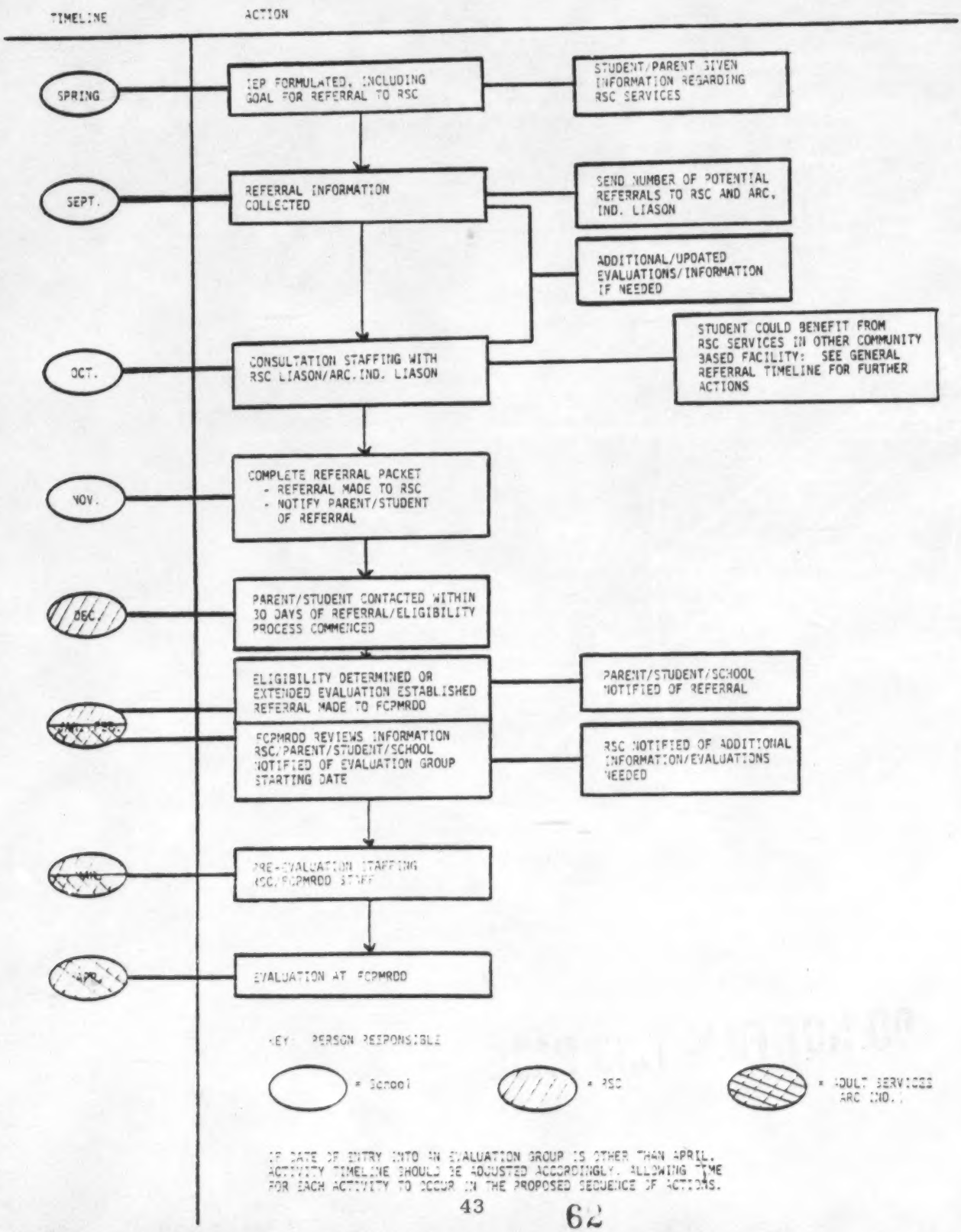


KEY:

Work Study Coordinator or School Counselor Responsible

RSC (BVR-BSVI) Counselor Responsible

REFERRAL TIMELINE: GOAL FRANKLIN COUNTY BOARD FOR THE MENTALLY RETARDED AND DEVELOPMENTAL DISABILITIES/ADULT SERVICES


TIMELINE
ACTION
SPRING
IEP FORMULATED, INCLUDING GOAL FOR REFERRAL TO RSC
STUDENT/PARENT GIVEN INFORMATION REGARDING RSC SERVICES
SEPT.
REFERRAL INFORMATION COLLECTED
SEND NUMBER OF POTENTIAL REFERRALS TO RSC AND ARC, IND. LIASON
ADDITIONAL/UPDATED EVALUATIONS/INFORMATION IF NEEDED
OCT.
CONSULTATION STAFFING WITH RSC LIASON/ARC.IND. LIASON
STUDENT COULD BENEFIT FROM RSC SERVICES IN OTHER COMMUNITY BASED FACILITY: SEE GENERAL REFERRAL TIMELINE FOR FURTHER ACTIONS
NOV.
COMPLETE REFERRAL PACKET
- REFERRAL MADE TO RSC
- NOTIFY PARENT/STUDENT OF REFERRAL
DEC.
PARENT/STUDENT CONTACTED WITHIN 30 DAYS OF REFERRAL/ELIGIBILITY PROCESS COMMENCED
ELIGIBILITY DETERMINED OR EXTENDED EVALUATION ESTABLISHED REFERRAL MADE TO FCPMRDD
PARENT/STUDENT/SCHOOL NOTIFIED OF REFERRAL
FCPMRDD REVIEWS INFORMATION RSC/PARENT/STUDENT/SCHOOL NOTIFIED OF EVALUATION GROUP STARTING DATE
RSC NOTIFIED OF ADDITIONAL INFORMATION/EVALUATIONS NEEDED
PRE-EVALUATION STAFFING RSC/FCPMRDD STAFF
APRIL
EVALUATION AT FCPMRDD
KEY: PERSON RESPONSIBLE
= School
= RSC
= ADULT SERVICES ARC IND.)

IF DATE OF ENTRY INTO AN EVALUATION GROUP IS OTHER THAN APRIL, ACTIVITY TIMELINE SHOULD BE ADJUSTED ACCORDINGLY, ALLOWING TIME FOR EACH ACTIVITY TO OCCUR IN THE PROPOSED SEQUENCE OF ACTIONS.